## L22000114088

(Re	equestor's Name)	
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Prochoice Property Partners, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lauren Thornton Name of Person Firm/Company 3225 McLeod Drive, Suite 100 Address Las Vegas, NV 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lauren Thornton 871-8535 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prochoice Property Partners, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company v  Florida document number L22000114088		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del> </del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the	name of the new registe
		2022 SE FAL
Name of New Registered Agent:		2022 NOV
New Registered Office Address:		ν <sub>α</sub> :
	Enter Florida street address	
	, Florid	· (
	City	E: Zip.Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Accuspeed Enterprise, LLC	1718 Capitol Avc.	■Add
		Cheyenne, WY 82001 US	□Remove
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fective date, if other than the in effective date is listed, the date mus	st be specific and cann	ot be prior to da	te of filing or more	(option than 90 days after fi	( <b>a1)</b> ling.) Pursuant to 605.0	1207 (
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cument's effective date on the D	epartment of State	s records.				
ecord specifies a delayed effective is filed.	re date, but not an e	ffective time, a	it 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
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November 7	20	)22				
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Typed or printed name of signee